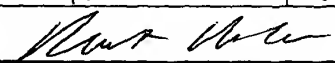
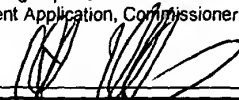


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PTO/SB/05 (03-01)  
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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. <b>376462001900</b>																	
		First Inventor <b>Benjamin FRYDMAN</b>																	
		Title <b>CONJUGATES OF PORPHYRIN COMPOUNDS WITH CHEMOTHERAPEUTIC AGENTS</b>																	
		Express Mail Label No. <b>EV 336626333 US</b>																	
<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents.</small>		<b>ADDRESS TO:</b> Mail Stop, Patent Applications Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450																	
<p>1. <input checked="" type="checkbox"/> <b>Fee Transmittal Form (e.g., PTO/SB/17) - (2 pages)</b> <small>(Submit an original, and a duplicate for fee processing)</small></p> <p>2. <input checked="" type="checkbox"/> <b>Applicant claims small entity status.</b> <small>See 37 CFR 1.27.</small></p> <p>3. <input checked="" type="checkbox"/> <b>Specification</b> [Total Pages <b>36</b>] <small>(preferred arrangement set forth below)</small><ul style="list-style-type: none"><li>- Descriptive title of the invention</li><li>- Cross Reference to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to sequence listing, a table, or a computer program listing appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul></p> <p>4. <input checked="" type="checkbox"/> <b>Drawing(s) (35 U.S.C. 113)</b> [Total Sheets <b>5</b>]</p> <p>5. <b>Oath or Declaration</b> [Total Pages <b>1</b>]<ul style="list-style-type: none"><li>a. <input type="checkbox"/> Newly executed (original or copy)</li><li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small></li><li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></li></ul></p> <p>6. <input checked="" type="checkbox"/> <b>Application Data Sheet. See 37 CFR 1.76 - (3 pages)</b></p>		<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small><ul style="list-style-type: none"><li>a. <input type="checkbox"/> Computer Readable Form (CRF)</li><li>b. <b>Specification Sequence Listing on:</b><ul style="list-style-type: none"><li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li><li>ii. <input type="checkbox"/> paper</li></ul></li><li>c. <input type="checkbox"/> Statements verifying identity of above copies</li></ul><div style="border: 1px solid black; padding: 5px; margin-top: 5px;"><b>ACCOMPANYING APPLICATIONS PARTS</b></div><p>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p><p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small></p><p>11. <input type="checkbox"/> English Translation Document (if applicable)</p><p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p><p>13. <input type="checkbox"/> Preliminary Amendment</p><p>14. <input checked="" type="checkbox"/> <b>Return Receipt Postcard (MPEP 503)</b> <small>(Should be specifically itemized)</small></p><p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small></p><p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). <small>Applicant must attach form PTO/SB/35 or its equivalent.</small></p><p>17. <input type="checkbox"/> Other: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span></p></p>																	
<p>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____</p> <p>Prior application information: Examiner _____ Group / Art Unit: _____</p> <p><b>For CONTINUATION or DIVISIONAL APPS only:</b> The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>																			
<b>19. CORRESPONDENCE ADDRESS</b>																			
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		or <input type="checkbox"/> Correspondence address below																	
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Name (Print/Type) <b>Robert K. Cerpa</b>		Registration No. (Attorney/Agent) <b>39,933</b>																	
Signature 		Date <b>July 25, 2003</b>																	
<p>I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 336626333 US, in an envelope addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA, 22313-1450 on the date shown below.</p> <p>Dated: <b>7/25/03</b> Signature:  (Anthony Soljanich)</p>																			

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<b>FEE TRANSMITTAL</b> <b>for FY 2003</b> <small>Patent fees are subject to annual revision.</small>		<b>Complete if Known</b>	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	Not Yet Assigned
<b>TOTAL AMOUNT OF PAYMENT</b> (\$ ) 375.00		Filing Date	Concurrently herewith
		First Named Inventor	Benjamin FRYDMAN
		Examiner Name	Not Yet Assigned
		Group Art Unit	Not Yet Assigned
		Attorney Docket No.	376462001900

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)																																																																																																																																																																																														
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <span style="border: 1px solid black; padding: 2px 20px;">03-1952</span> Deposit Account Name: <span style="border: 1px solid black; padding: 2px 40px;">Morrison &amp; Foerster LLP</span> The Commissioner is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	<b>3. ADDITIONAL FEES</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for ex parte reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>410</td><td>2252</td><td>205</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>930</td><td>2253</td><td>465</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,450</td><td>2254</td><td>725</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>1,970</td><td>2255</td><td>985</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>320</td><td>2401</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>320</td><td>2402</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>280</td><td>2403</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - 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Independent Claims	1	-3** = 0	x 42 =	0.00																																																																																																																																																																																											
Multiple Dependent			140 =																																																																																																																																																																																												
Large Entity		Small Entity		Fee Description	Fee Paid																																																																																																																																																																																										
Fee Code	Fee (\$)	Fee Code	Fee (\$)																																																																																																																																																																																												
1202	18	2202	9	Claims in excess of 20																																																																																																																																																																																											
1201	84	2201	42	Independent claims in excess of 3																																																																																																																																																																																											
1203	280	2203	140	Multiple dependent claim, if not paid																																																																																																																																																																																											
1204	84	2204	42	** Reissue independent claims over original patent																																																																																																																																																																																											
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent																																																																																																																																																																																											
<b>SUBTOTAL (2)</b> (\$ ) 0.00																																																																																																																																																																																															

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Robert K. Cerna	Registration No. (Attorney/Agent)	39,933
Signature		Telephone	(650) 813-5715
		Date	July 25, 2003